



**COUNTY OF SAN DIEGO  
DEPARTMENT OF ENVIRONMENTAL HEALTH**

P.O. BOX 129261  
SAN DIEGO, CA 92112-9261  
(858) 694-2548 & (619) 338-2082  
(858) 694-3670 & (619) 338-2174 (FAX)

FOR OFFICE USE:

Work Authorization #: \_\_\_\_\_

KIVA Permit # \_\_\_\_\_

Date \_\_\_\_\_

Received \_\_\_\_\_

FUND NUMBER: 511900

ACCOUNT NUMBER 0800

ACTIVITY NUMBER D11-1002513

**RECYCLED WATER SHUT DOWN TEST**

**(PLEASE RETURN THIS FORM WITH YOUR PAYMENT)**

A. Project Name: \_\_\_\_\_ KIVA Permit #: \_\_\_\_\_

Project Location: \_\_\_\_\_  
Street City State Zip Code

Tax Assessor Parcel Number(s): \_\_\_\_\_

B. Purveyor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

C. **Responsible Party:**

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

**Invoices or Refund will be sent to this address unless other arrangements are made.**

D. Others: An estimated time of \_\_\_\_\_ hrs. at \$119.00/hr during normal business hours or \$178.50 during after-hours schedules should be paid in advance.

Note: Upon successful completion of the inspection, DEH Fiscal will calculate the total cost based on the time spent on the project, and refund any overpayment to the **responsible party**, or issue a bill for additional charges.

\_\_\_\_\_  
DEH STAFF WHO PROVIDE THE ESTIMATE

\_\_\_\_\_  
DATE

**MAKE CHECK PAYABLE TO: COUNTY OF SAN DIEGO AND MAIL TO:**

**COUNTY OF SAN DIEGO  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
P.O. BOX 129261  
SAN DIEGO, CA 92112-9261  
ATTENTION: Efren Gauran**

I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

